



**Medical Aids Subsidy Scheme, Queensland Health**  
**Communication Software Application Form**  
(This form is an appendix to the MASS 21 Communication Aids Application Form and must accompany all communication software applications)

**MASS**  
**21**  
**App CS**  
0811

**Applicant's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Part E – Clinical Assessment**

Is urgent consideration requested for this application?      No       Yes

If Yes, please provide justification:

**1. Applicant's permanent stabilised disability that necessitates the requested aid:**

**Any other relevant medical history:**

**Comment on the person's abilities in the following areas:**  
Physical skills e.g. hand function, mobility, assistive equipment used

Sensory skills eg: hearing, vision

Cognitive skills

**2. Does the applicant currently have use of a communication aid?**    Yes     No

If yes, supply brand/model:

Is this a MASS funded aid? Yes  No  If Yes, supply plaque no. (if applicable):

**3. If the applicant already has use of a communication aid, why does this need replacing?**

<input type="checkbox"/> Hired/borrowed	<input type="checkbox"/> Beyond repair (enclose statement from repairer)
<input type="checkbox"/> Functional deterioration	<input type="checkbox"/> Functional improvement
<input type="checkbox"/> Outgrown	<input type="checkbox"/> Other (describe):

Applicant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Part F – Clinical Justification for Communication Software**

It is strongly suggested that the following be considered when investigating software for the applicant's primary communication use. It is especially important to consider these points when comparing the features and functions of communication software on a computer to the use of a dedicated speech generating device (SGD):

- availability of a dedicated and reliable computer for the sole use of the applicant
- durability of the computer system, especially during transit and other daily activities
- mounting and security of the computer
- portability
- compatibility of software with operating system
- ease of set-up and use
- battery life (e.g. will the battery provide enough power for communication throughout the day?)
- speaker volume (additional external speakers may be required)
- intelligibility of speech output (e.g. gender, accent, quality)
- level of computer technology support available
- accessing issues (e.g. use of alternative access methods and necessary peripherals such as switch interface, touch screen sensitivity and ability to modify).

Those people for whom communication software might be an appropriate option for their communication system might include:

- individuals who already predominantly use a computer/laptop (e.g. someone who uses it a lot for work or business purposes and would prefer to use this same system for personal communication rather than another dedicated communication device)
- individuals who may want to use other computer applications and quickly switch between these and their communication software (please note that various dynamic display speech generating devices are able to do this also).

**Availability of appropriate hardware**

Does the applicant own, or have continuous use of, appropriate hardware to run the software program being requested i.e. laptop, tablet computer or other hardware approved by MASS Principal Clinical Advisor, Communication Aids?

Describe the hardware?

Will the applicant have access to this hardware for the next five years?

**Applicant's Current Communication**

Describe the applicant's receptive language skills:

Describe the applicant's literacy skills:

Describe the applicant's expressive language skills. Include all methods e.g. speech, gesture, facial expression, sign, use of communication cards/boards/books, use of SGD etc.

Describe the range of communicative functions the applicant can express and how they express these (e.g. requesting, choice making, commenting, indicating yes/no, greeting, directing, questioning, etc):

### MEDICAL AIDS SUBSIDY SCHEME (MASS)

Is the applicant able to communicate a variety of functions (e.g. requesting, choice making, questioning etc) with a variety of listeners (i.e. familiar and unfamiliar) in a variety of settings (e.g. home, school, work, community)?

How independent is the applicant in these interactions?

Describe the situations in which the applicant's communication needs are not currently met?

#### Access skills

If the applicant communicates using equipment such as cards, symbol displays/book, a keyboard or an SGD, describe their access method e.g. pointing with fingers, switch and scanning, facilitated communication?

If the applicant uses facilitated communication, has their communication been validated? When? How? Who by?

**NB: It is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.**

### Part G – Trial of Communication Software

Refer to the *MASS Statewide Prescriber Procedures Manual, Communication Aids Section, Sub Section 5.3, 'Prescriber Role'* and the *MASS Communication Aids Trials Information and Proforma* which may assist with the trial process.

Other than the requested communication software, what other software and/or communication aids were trialled?

Brand/Model	Length of Trial	Outcome of Trial

#### Trial of requested Communication Software.

Name of communication software trialled:

Describe trial objectives:

List the people involved with the trial:

How many hours/days did the applicant have access to a fully functioning computer with the requested communication software installed i.e. operating correctly, programmed with appropriate vocabulary, set up with fully functioning access equipment (where appropriate)?

Describe the set-up of communication software during the trial. Comment on the number and type of messages present, customisation of programming features, etc:

How did the applicant access the computer hardware/software during the trial e.g. via pointing with fingers, headpointer, switch, facilitation, etc?

**MEDICAL AIDS SUBSIDY SCHEME (MASS)**

**Applicant's Full Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Outcomes of Trials**

Comment on the applicant's:

Understanding and relevant use of the letters/words/symbols to convey meaning

Operational skills e.g. understanding and use of control buttons (e.g. volume); understanding of levels/page navigation; ability to scan and search for vocabulary

Success in accessing the hardware/software

Functional use of the software program to interact and participate in a range of environments

Ability to deal with communication breakdowns, ask for help, etc

Enjoyment and motivation to use the requested software program

Provide comments from the applicant about their experiences of the trial and suitability of the requested software program:

Comments on the family and carers:

Understanding of how to model and facilitate communication interactions using the communication software

Understanding the operational features of the device e.g. understanding how to launch programs; understanding levels and page navigation; troubleshooting computer problems, etc

Ability and resources to customise vocabulary

Knowledge and skills to set up accessing equipment (if required)

Other comments on outcomes:

**Proposed Benefits of the Selected Communication Software.**

How did the software program meet the applicant's communication goals?

How will the software program accommodate the needs of the applicant in the future e.g. over the next five years?

**MEDICAL AIDS SUBSIDY SCHEME (MASS)**

**Support and Training Commitment.**

Who will be responsible for the installation, setting-up and programming of the communication software, including design and construction of overlays where appropriate?

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Who will be responsible for training the applicant in the effective use of the software and, if applicable, any other specialised accessories?

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Who will be responsible for training the applicant's family and support team members in the use of, and the ongoing programming, updating and maintenance of the communication software and, if applicable, set up and maintenance of any other specialised accessories?

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Part H – Communication Software Requested**

Brand	Model	Trial Supplier (if applicable)

**Note:** - Specific brand and model must be specified.

Does the applicant's computer meet the minimum specification requirements for the communication software requested?      Yes       No

**Part I – Accessories Requested**

List all accessories the applicant requires on the requested aid together with clinical justification to support MASS subsidy funding.

Modification/Accessory	Clinical justification to support MASS subsidy funding

Does the applicant/carer understand the maintenance and use of this aid in accordance with MASS and supplier procedures?      Yes       No

Does the applicant/carer understand MASS requirements of private ownership?      Yes       No

